

Name
in
Full

Kittie Ayers.

CERTIFICATE OF DEATH

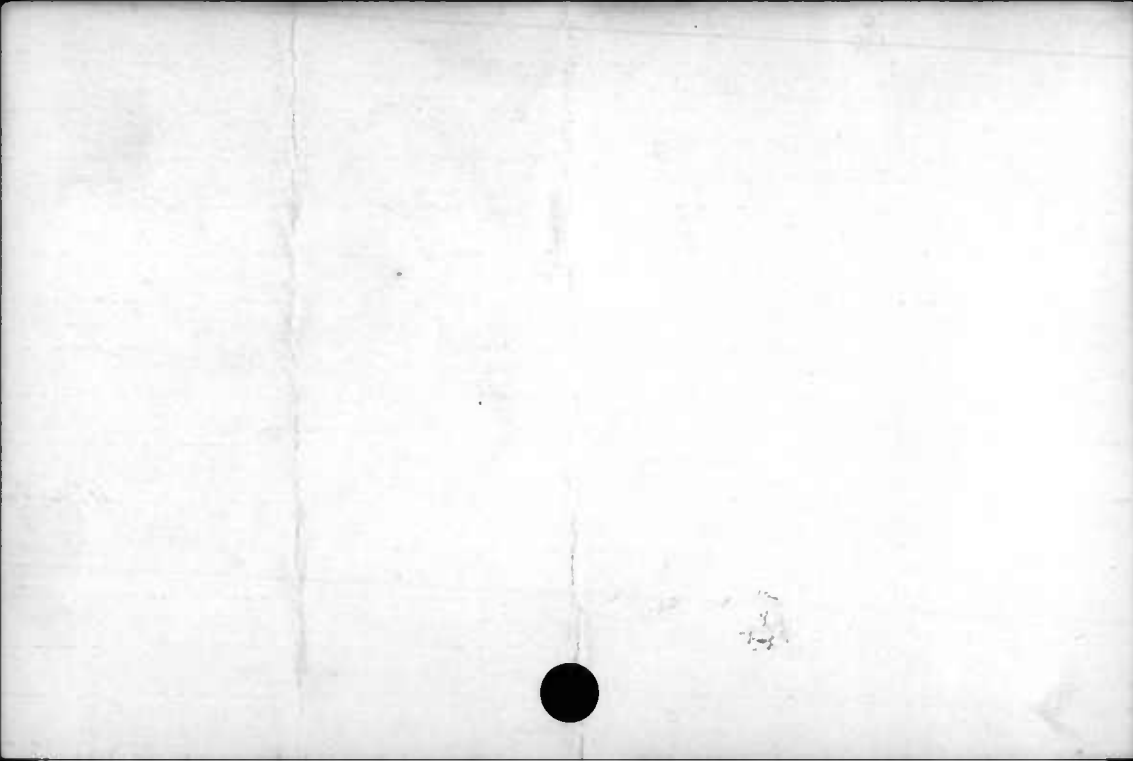
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodmore</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Mar</u>	Day <u>7</u>	Years <u>60-70</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>House servant.</u>			
Name of Wife or Husband <u>James Ayers</u>					
Father's Name <u>John Fletcher</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Maria Sanders</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>James Ayers</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac degeneration</u>	How long <u>Unknown</u>
Immediate <u>Dropsy</u> <u>79</u>	How long <u>One month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u> <input checked="" type="checkbox"/>	Signature of Physician <u>Abbot R. Walker</u>
	Address <u>Mitchellville Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Bladensburg		Prince		Geo.		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	March	28	23	—	—	
Sex	Female		Color or Race	Colored		Birth-place	M.d.
Married Single or Widowed	Single		Occupation		cook		
Name of Wife or Husband							
Father's Name				Stephen Bailey			
Mother's Maiden Name				Anna Paris			
Name of person giving information				Anne G. Bailey			
				How related to deceased			
				Sister-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	27	How long	some years
Immediate	Marasmus	How long	several months
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		J. L. Petty	
Address		Hyattsville Md	
Accident or Suicide?			

Dr-Perref

Blackensburg

Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Bron Hill</u> ^{Town}		<u>B. Geo.</u> ^{County}			
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>22</u>	Age <u>—</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bron Hill</u>			
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>George M. Bock</u>		Father's Birthplace <u>D.C.</u>			
Mother's Maiden Name <u>Clara Owens</u>		Mother's Birthplace <u>D.C.</u>			
Name of person giving information <u>" "</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Difficult-Parturition</u>	How long <u>1.5 hrs</u>
Immediate <u>Strangulation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. D. Simpson M.D.</u>
	Address <u>Rosecroft- Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

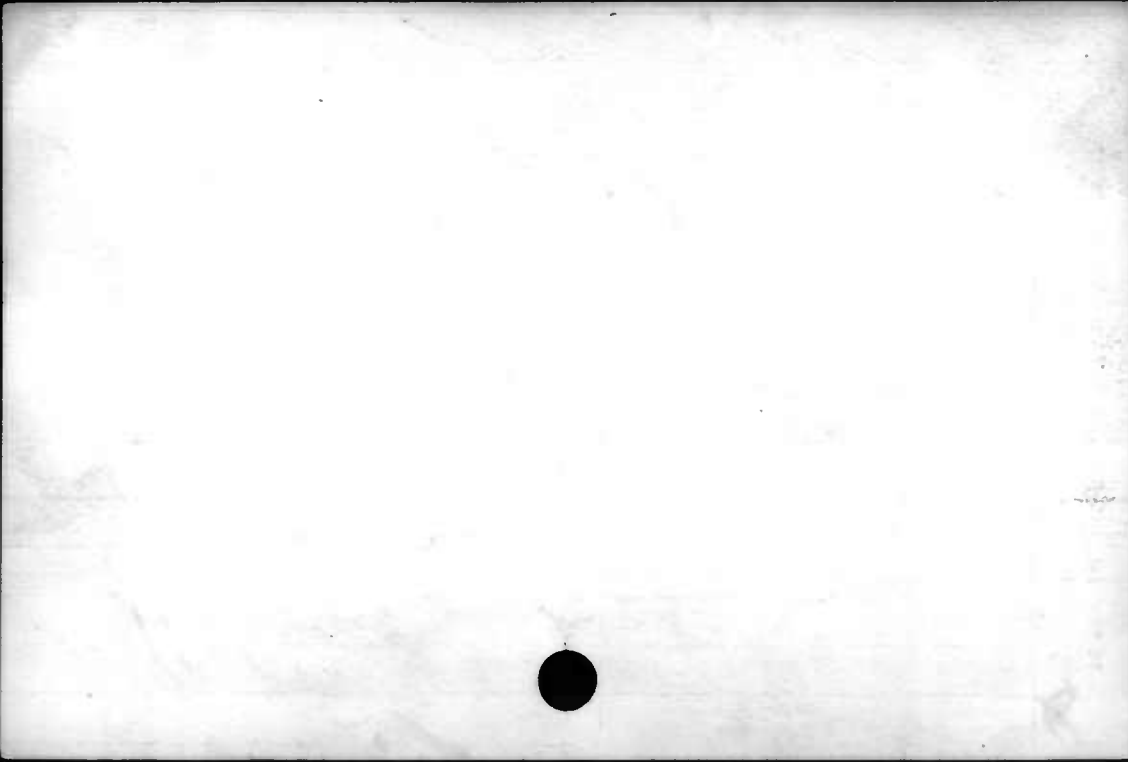
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tuxedo</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death 190 <i>03</i> Mar <i>17</i>	Month	Day	Age	Years	Months
Sex <i>Girl</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Tuxedo Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>✓</i>					
Father's Name <i>B. G. Castorion</i>			Father's Birthplace <i>America</i>		
Mother's Maiden Name <i>Carrie Wilson</i>			Mother's Birthplace <i>Penn.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>92</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Capillary Bronchitis</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac Weakness</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Perry</i>
	Address <i>Hyattsville, D.C.</i>
Accident or Suicide?	



Name
in
Full

Martha Chubb.

CERTIFICATE OF DEATH

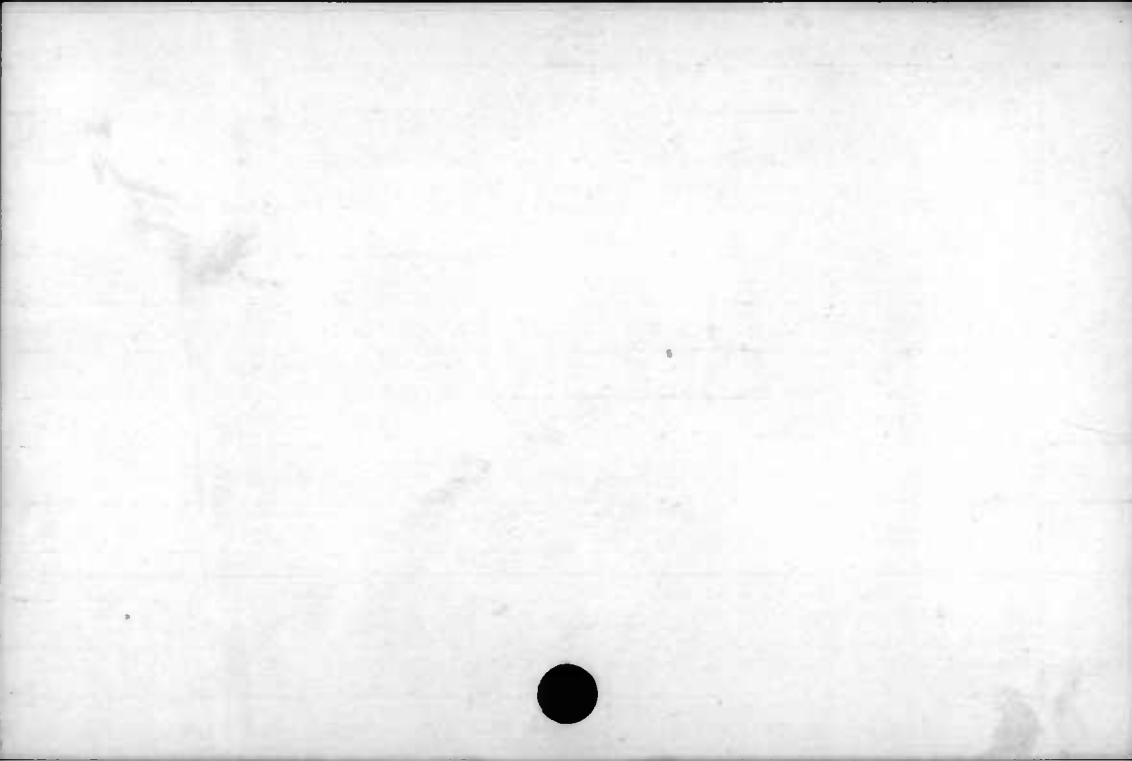
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forestville</i> ^{Town}		<i>Prince</i> ^{County} <i>Gus's</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>16</i>	Age <i>76</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>—</i>		
Name of Wife or <i>George Chubb</i> Husband					
Father's Name <i>Cornelius Langley</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Martha Langley</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Henrietta Reall</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i> <i>15</i>	How long <i>—</i>
Immediate <i>and old age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John E. Sanborn</i>
	Address <i>Forestville</i>
Accident or Suicide? <i>neither</i>	



Name in Full		Charles Coursey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near Marlboro		^{County} P. G.		MARYLAND	
		Date of death 1903 3 3		Day 14		Age 5	
		Sex Male		Color or Race Black		Birth-place P. G. Co	
		Manner, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name Lewis Coursey			Father's Birthplace P. G. Co		
		Mother's Maiden Name Eliza Stewart			Mother's Birthplace P. G. Co		
		Name of person giving information Lewis Coursey			How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary measles				How long 6	
		Immediate Don't know				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Lewis Coursey	
		Yes				Address Father	
		Accident or Suicide?				Upper Marlboro, Md.	



Name
in
Full

CERTIFICATE OF DEATH

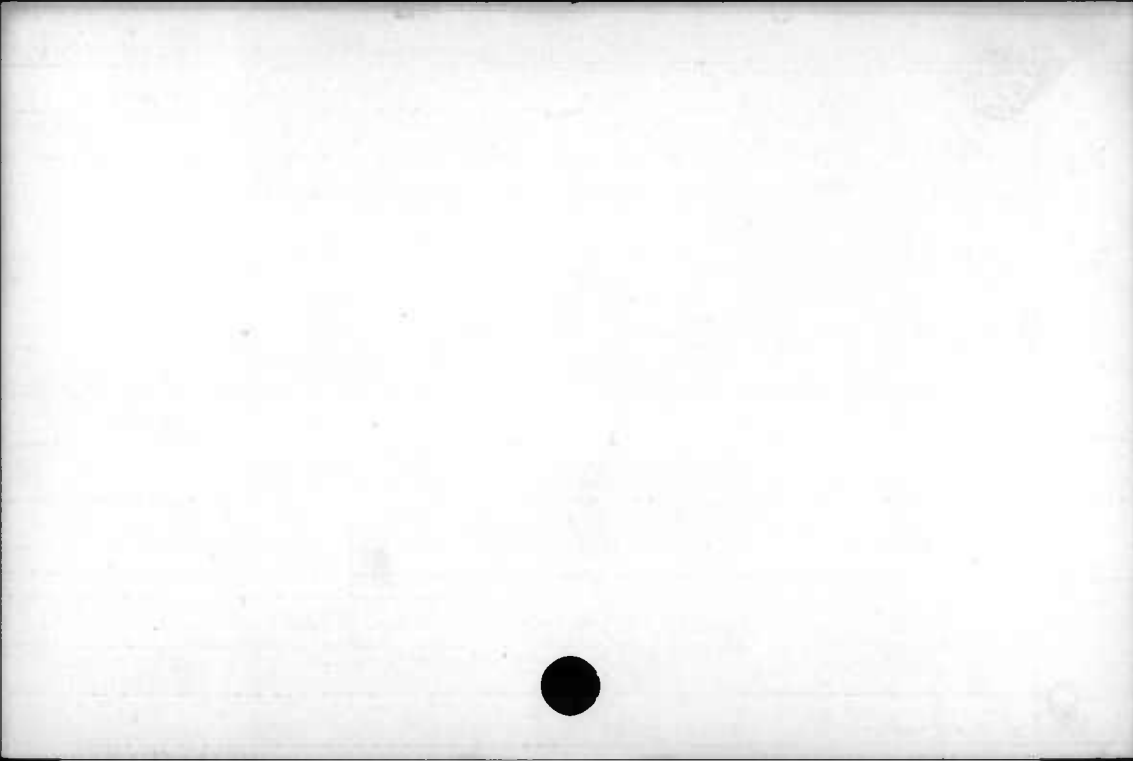
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William F. Crump</i>		Town <i>Munkuk</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Munkuk</i>		Date of death 1903		Month <i>March</i>		Day <i>20</i>	
Age <i>2</i>		Years <i>3</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Munkuk</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Wm. Crump</i>				Father's Birthplace <i>Munkuk</i>			
Mother's Maiden Name <i>Jayne Franklin</i>				Mother's Birthplace <i>Munkuk</i>			
Name of person giving information <i>Reza Lancaster</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Parenchymatous hepatitis</i>		How long <i>1 yr.</i>	
Immediate <i>Amnesia</i>		How long <i>3 mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Gray</i>	
		Address <i>Lancaster, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Harry Woodward Dorsey

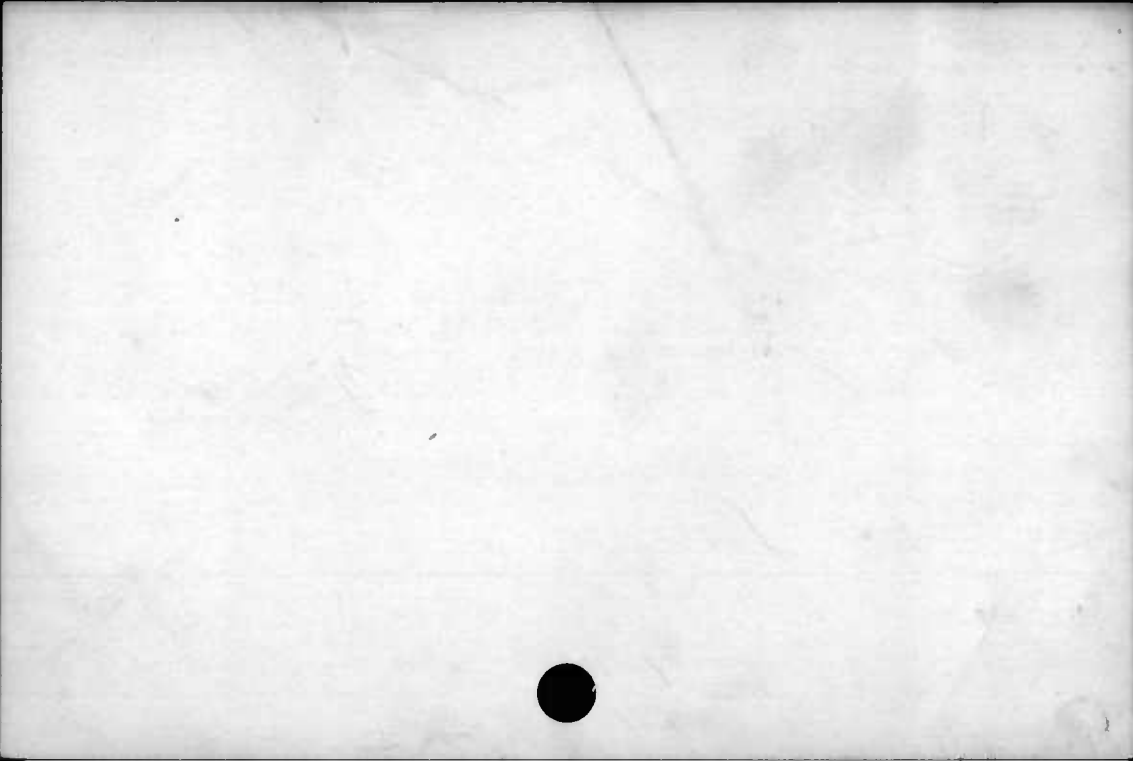
CERTIFICATE OF DEATH

Died at ^{Town} Hyattsville		^{County} Prince George		MARYLAND	
Date of death 1903	3	Month	March	Day	21
Age	71	Years		Months	
Sex	Male	Color or Race	White	Birth-place	New Market, Md.
Married, Single or Widowed	Married	Occupation	Physician		
Name of Wife or Husband	Helen J. Dorsey				
Father's Name	Harry Woodward Dorsey			Father's Birthplace	New Market, Md.
Mother's Maiden Name	Sarah Waters			Mother's Birthplace	Mont. Co., Md.
Name of person giving information	H. W. Dorsey, Jr.			How related to deceased	Son

CAUSES OF DEATH

Primary	Interstitial nephritis	How long	15 months
Immediate		How long	120
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Clara A. M. N.
		Address	Hyattsville, Md.
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clinton</i>		Town <i>P. Y.</i>		County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>10</i>	Age <i>4</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Sam, Douglas</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Sam Douglas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>2 weeks</i>
Immediate <i>Ischemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. L. Beatty</i>
	Address <i>Clinton</i>
Accident or Suicide?	



Name
in
Full

Susanne Fowler

CERTIFICATE OF DEATH

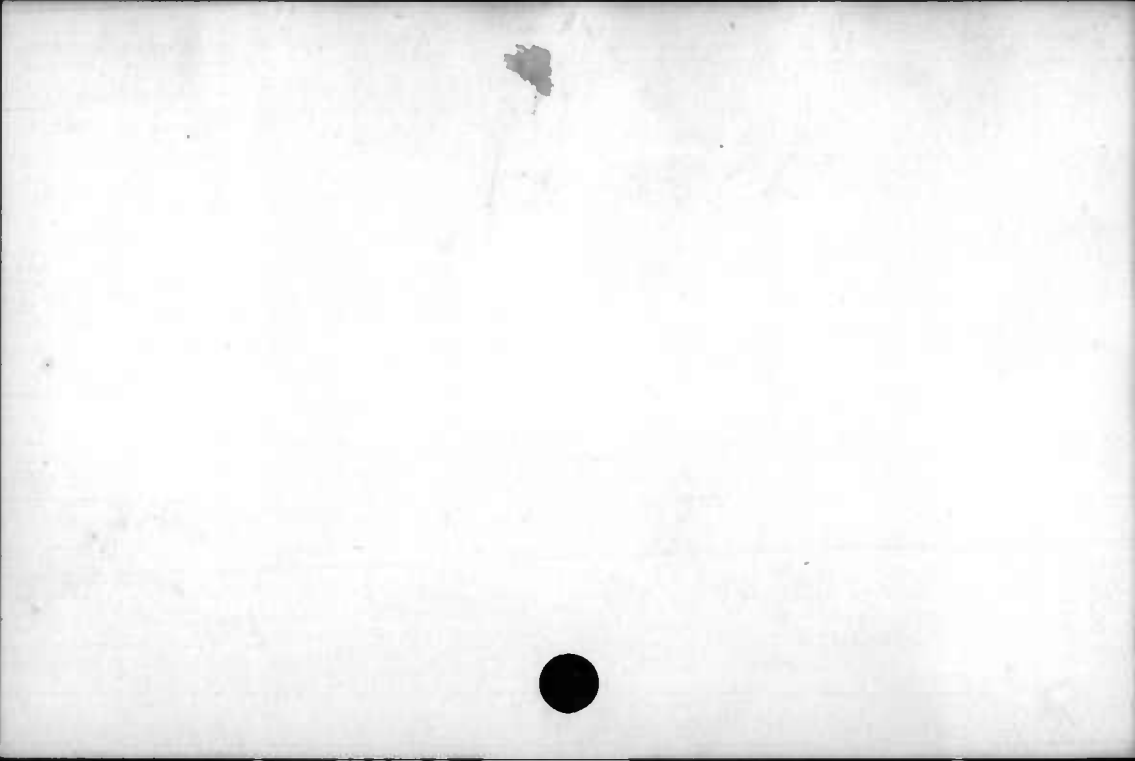
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nattinghorne</i> ^{Town}		<i>P.H.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>March</i> ^{Month}	<i>21</i> ^{Day}	Age <i>83</i> ^{Years}	<i>2</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Prince Geo Co</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>		
Name of wife or Husband					
Father's Name <i>Francis Coffman</i>			Father's Birthplace <i>Po Geo Co</i>		
Mother's Maiden Name <i>Huntley Brightwood</i>			Mother's Birthplace <i>Po Geo Co</i>		
Name of person giving information <i>M.J. Goldstein</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>20</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>		How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.H. Gibbons</i>	
	Address <i>Croan Md</i>	
Accident or Suicide?		



Name
in
Full

Wm. H. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riggs Mill</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>1</i>	Age <i>77</i> <small>Years</small>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Single or Widowed	<i>Widowed</i>	Occupation <i>None.</i>			
Name of Wife or Husband <i>Deceased</i>					
Father's Name <i>"</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm. L. Freeman</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cystitis</i>	<i>123</i>	How long <i>8 months</i>
Immediate <i>Pippe</i>		How long <i>- 10 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Richardson</i>	Address <i>Albanyville Md.</i>
Accident or Suicide? <i>8</i>		

Carrols Chaple

Montgomery County
M. d.

Name
in
Full

CERTIFICATE OF DEATH

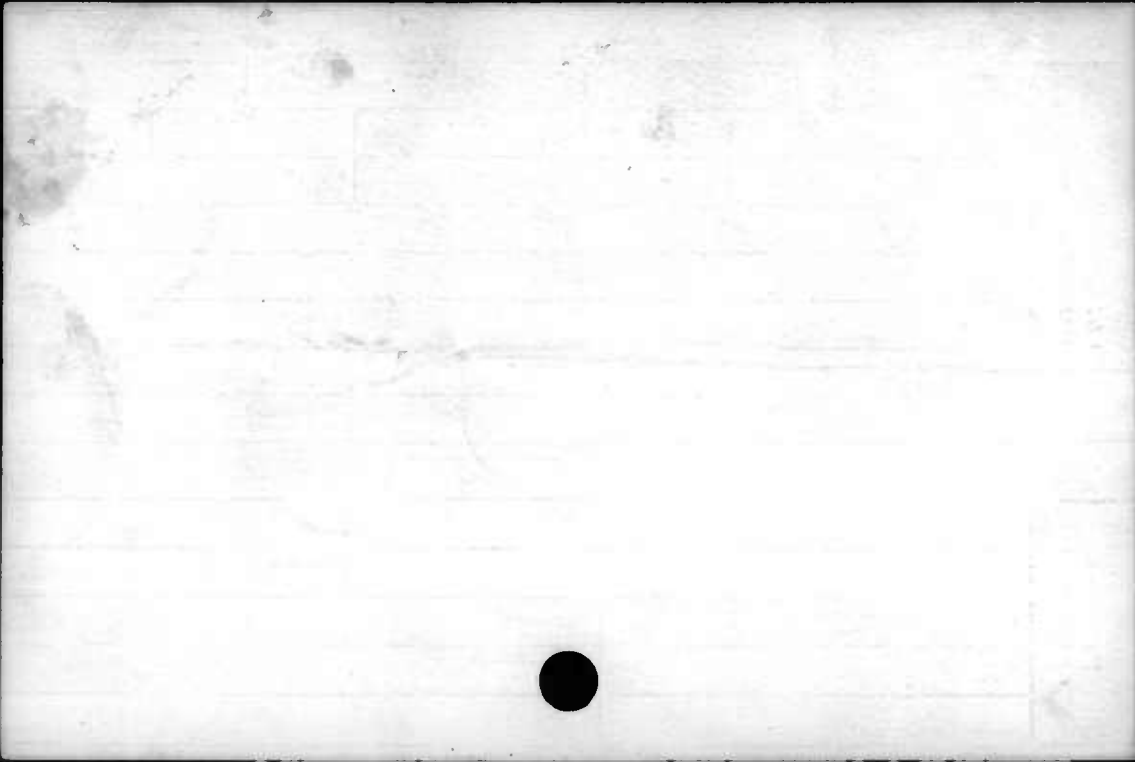
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunchville</i> ^{Town}		<i>Prince Geo</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Mar</i>	Day <i>14</i>	Age <i>76</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Md.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Dora</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Samuel Gittings</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>1 m 10 d</i>
Immediate <i>Hemiplegia</i>	How long <i>1 m</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V L Perry</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide?	



Name
in
Full

Edwards Hall

CERTIFICATE OF DEATH

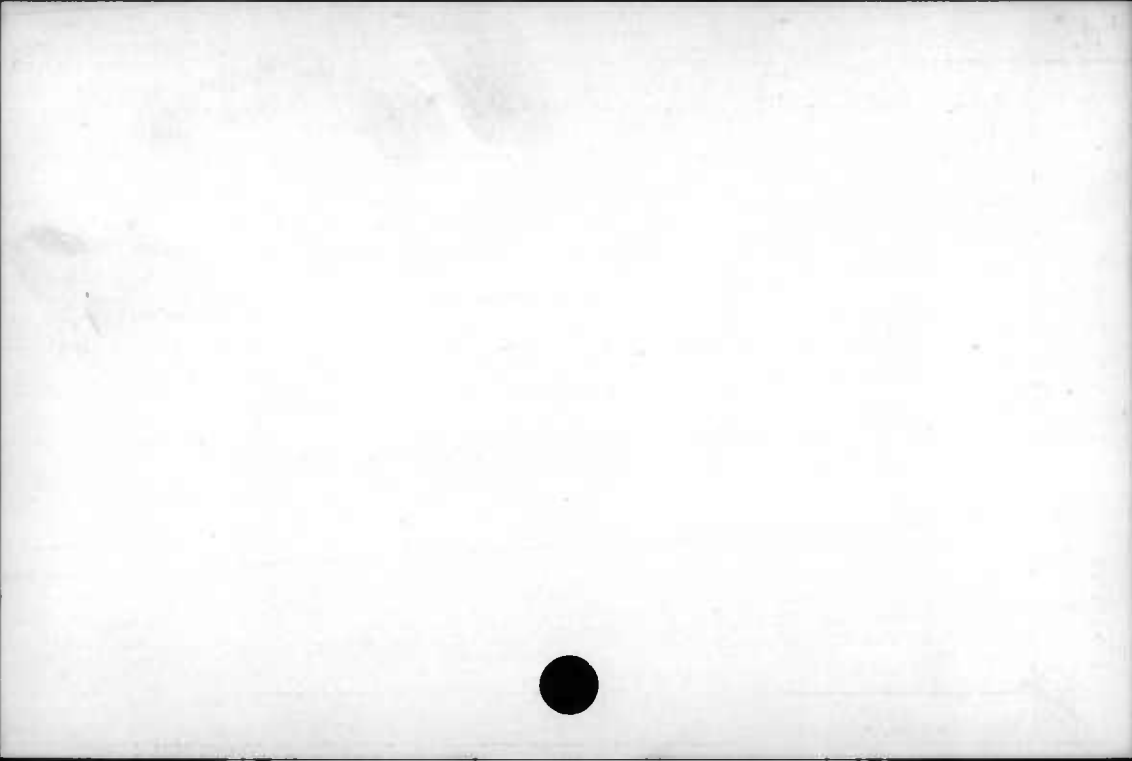
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>March</i> ^{Day} <i>13</i>	Age <i>—</i> ^{Years}		Months <i>9</i>		Days <i>15</i>
Sex <i>boy</i>	Color or Race <i>black</i>	Birth place <i>Laurel Md</i>			
Married, Single or Widowed <i>—</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>James Hall</i>			Father's Birthplace <i>Prichard Co.</i>		
Mother's Maiden Name <i>Daisy Mathews</i>			Mother's Birthplace <i>Laurel Md.</i>		
Name of person giving information <i>Moses Mathews</i>			How related to deceased <i>Uncle.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Jaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>A. H. Pyley</i>
	Address <i>Laurel Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

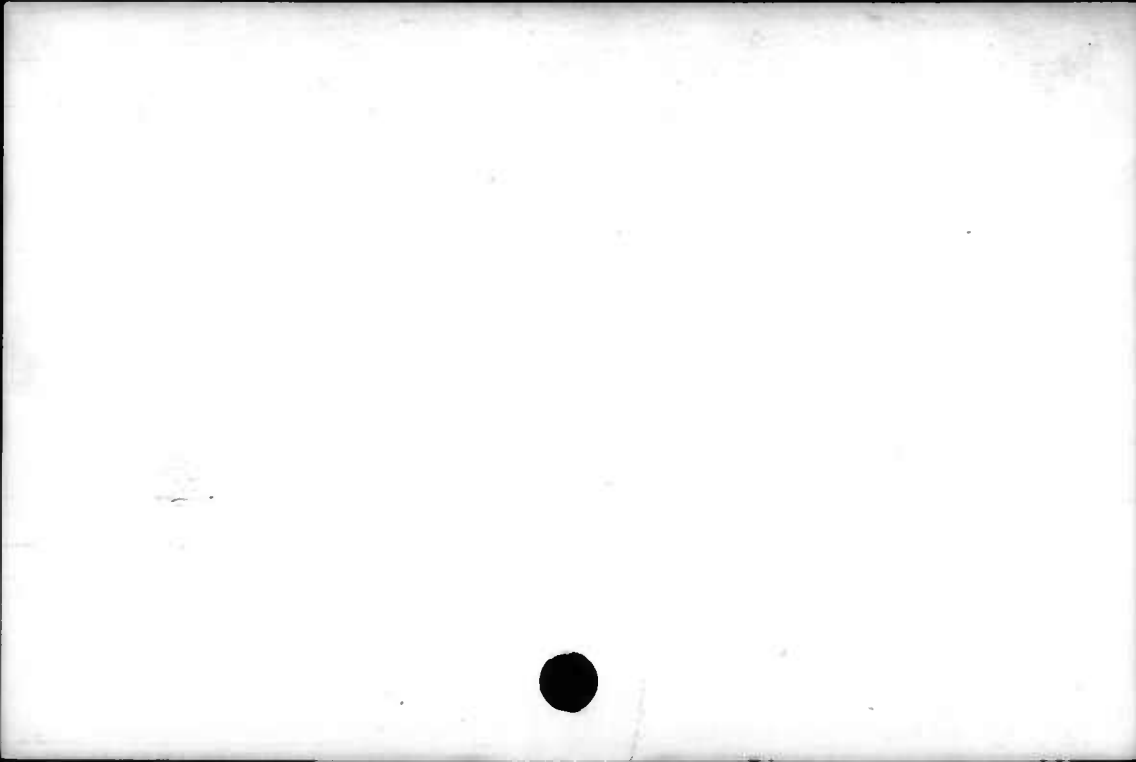
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Springs</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>March</i> ^{Month}	<i>15th</i> ^{Day}	Age <i>93</i> ^{Years}	<i>10</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Antelismo</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Day</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. L. Kearney</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>93</i>	How long <i>5 days</i>
Immediate <i>Obstructive brain</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Kearney</i>
	Address <i>Clinton</i>
Accident or Suicide?	



Name
in
Full

William Anthony Jackson

CERTIFICATE OF DEATH

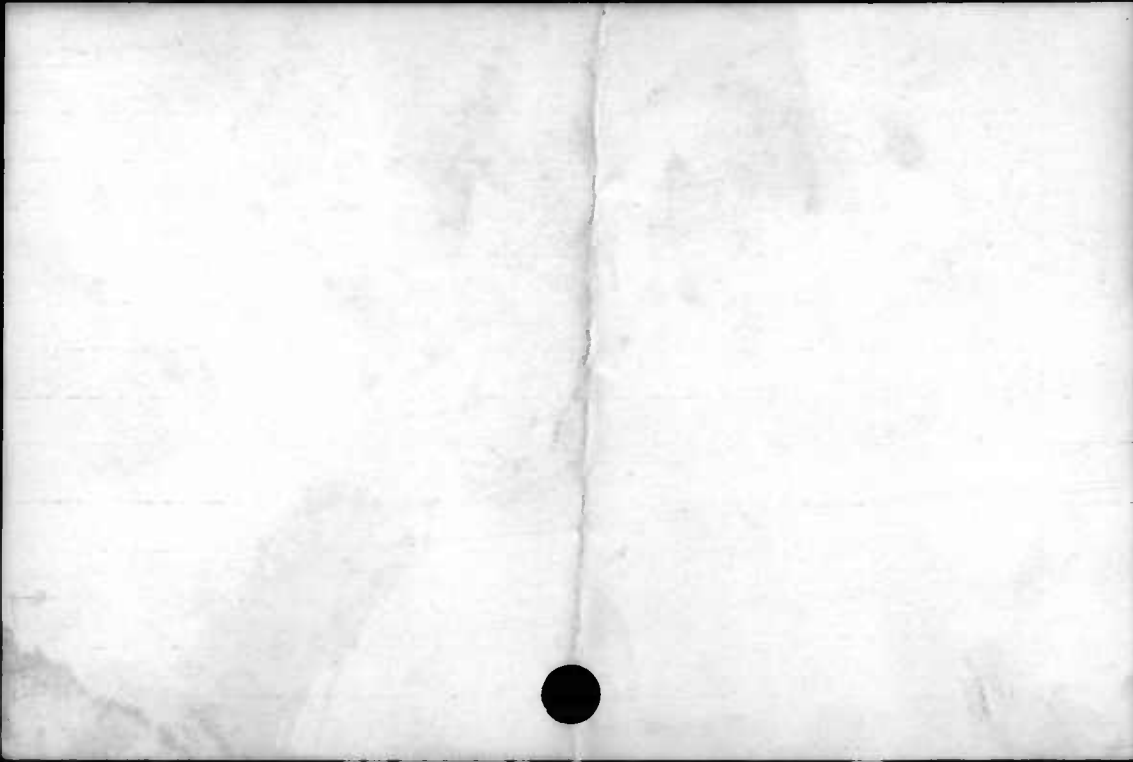
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westphalia</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Mar</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Jackson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Nancy Butler</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>George Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>congenital weakness</i>	How long <i>from birth</i>
Immediate <i>Engorgement of the lungs</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John E. Sanchez</i>
	Address <i>Dorchester Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Augustus Johnson

CERTIFICATE OF DEATH

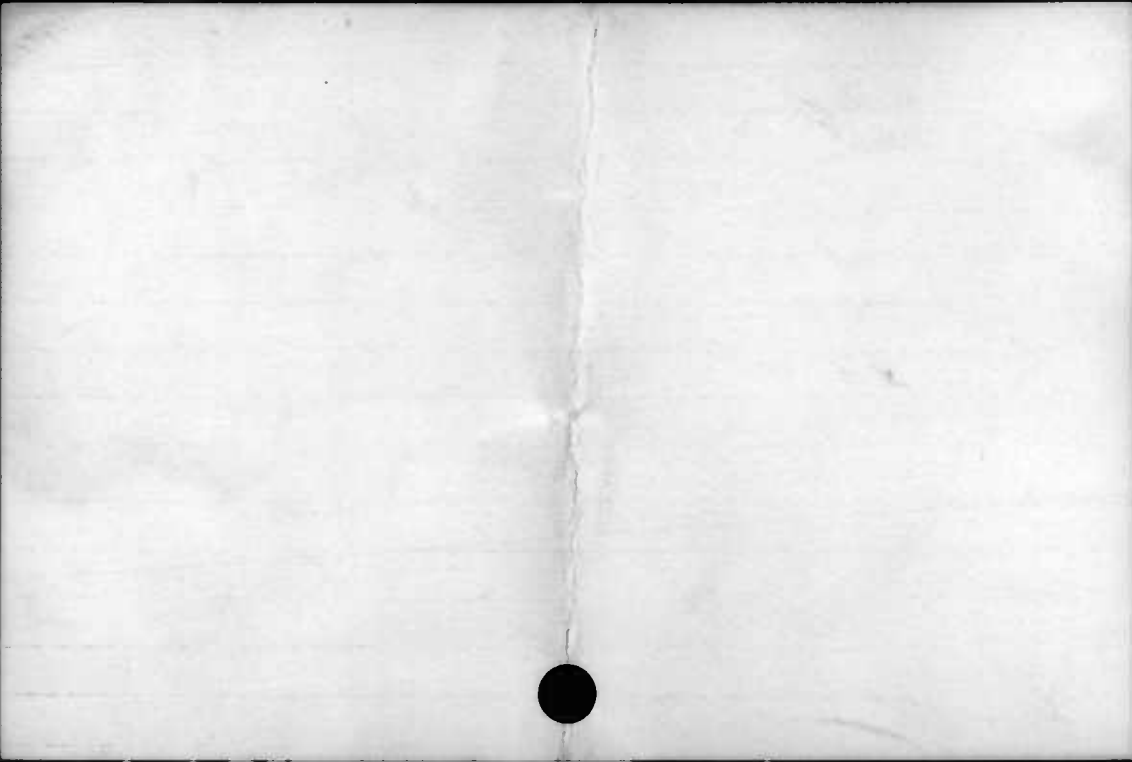
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND					
Date of death 1903		Month Mar		Day 4		Age 22		Months 9		Days 4	
Sex Male		Color or Race Colored		Birth- place Maryland							
Married, Single or Widowed Single		Occupation Farm labour									
Name of Wife or Husband											
Father's Name William Fletcher				Father's Birthplace Maryland							
Mother's Maiden Name Caroline Johnson				Mother's Birthplace "							
Name of person giving Information Richard Williams				How related to deceased None							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pericarditis		How long Four years	
Immediate Dropsy		How long One month	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Abbott R Walker M.D.	
		Address Mitchellville, Md.	
Accident or Suicide?			



Name
in
Full

Charles Johnson

CERTIFICATE OF DEATH

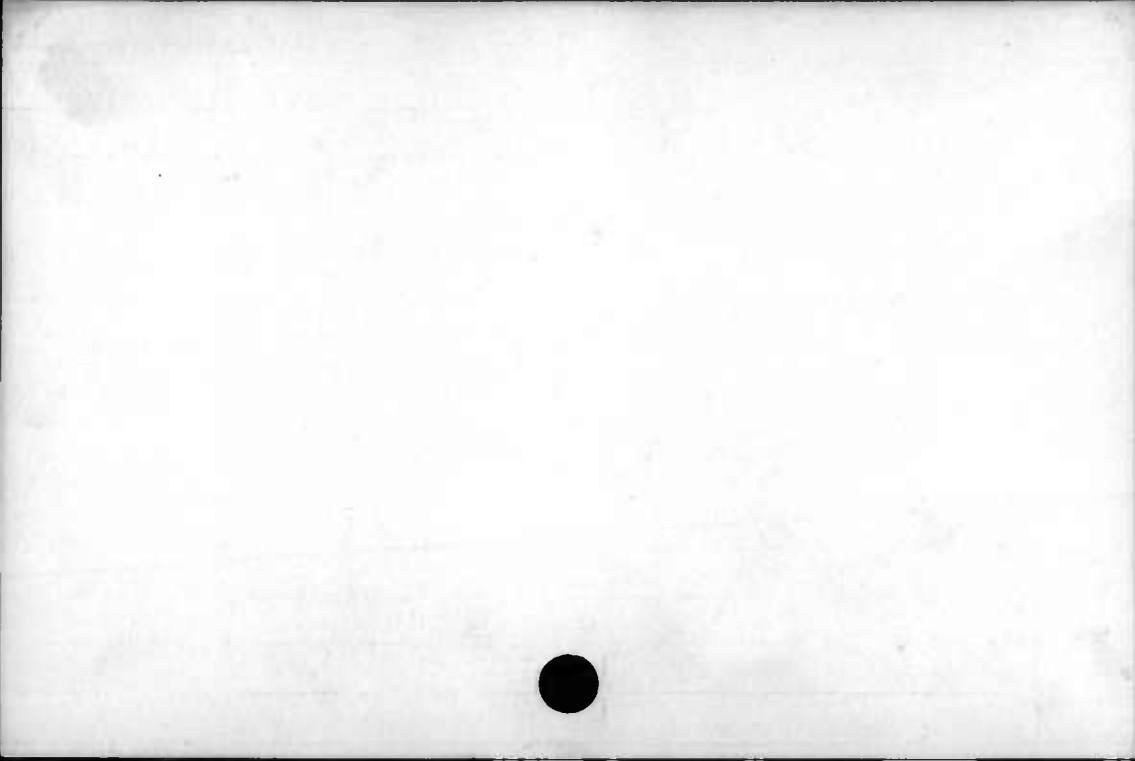
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crown</u> ^{Town} <u>Pr Geo Co</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> <u>March</u> ^{Month} <u>6</u> ^{Day}	Age <u>2</u> ^{Years}	<u>6</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Pr Geo Co</u>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <u>Charles Johnson</u>		Father's Birthplace <u>Pr Geo Co</u>	
Mother's Maiden Name <u>Rebecca Young</u>		Mother's Birthplace <u>Pr Geo Co</u>	
Name of person giving information <u>Jane Johnson</u>		How related to deceased <u>Grandmother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>2 years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>W H Gibbons</u> <u>Crown Md</u>
Accident or Suicide?	



Name
in
Full

Elsie Johnson

CERTIFICATE OF DEATH

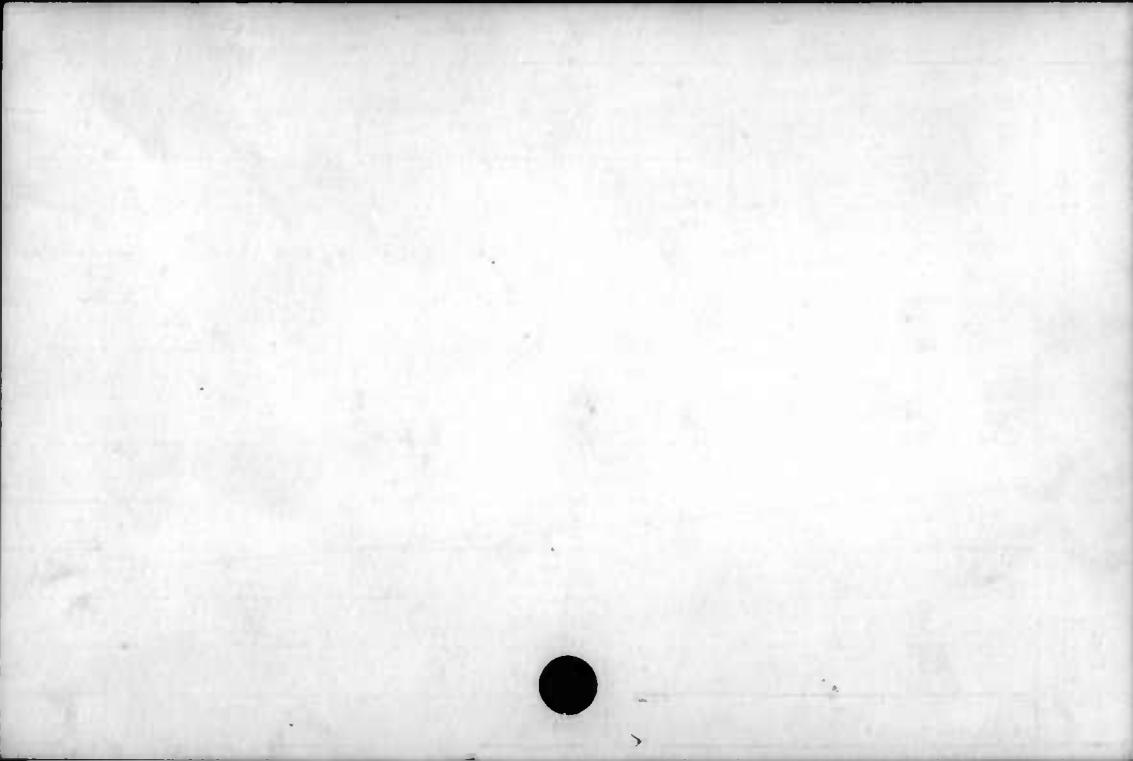
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northkeys</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death 1903	<i>March</i> Month	<i>2</i> Day	Age <i>35</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pr Geo Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>John R Johnson</i>					
Father's Name <i>Wiley Butler</i>	Father's Birthplace <i>Chas Co</i>				
Mother's Maiden Name <i>Bettie Butler</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Benjamin Johnson</i>	How related to deceased <i>Brother in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons M.D.</i>
	Address <i>Lowm</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

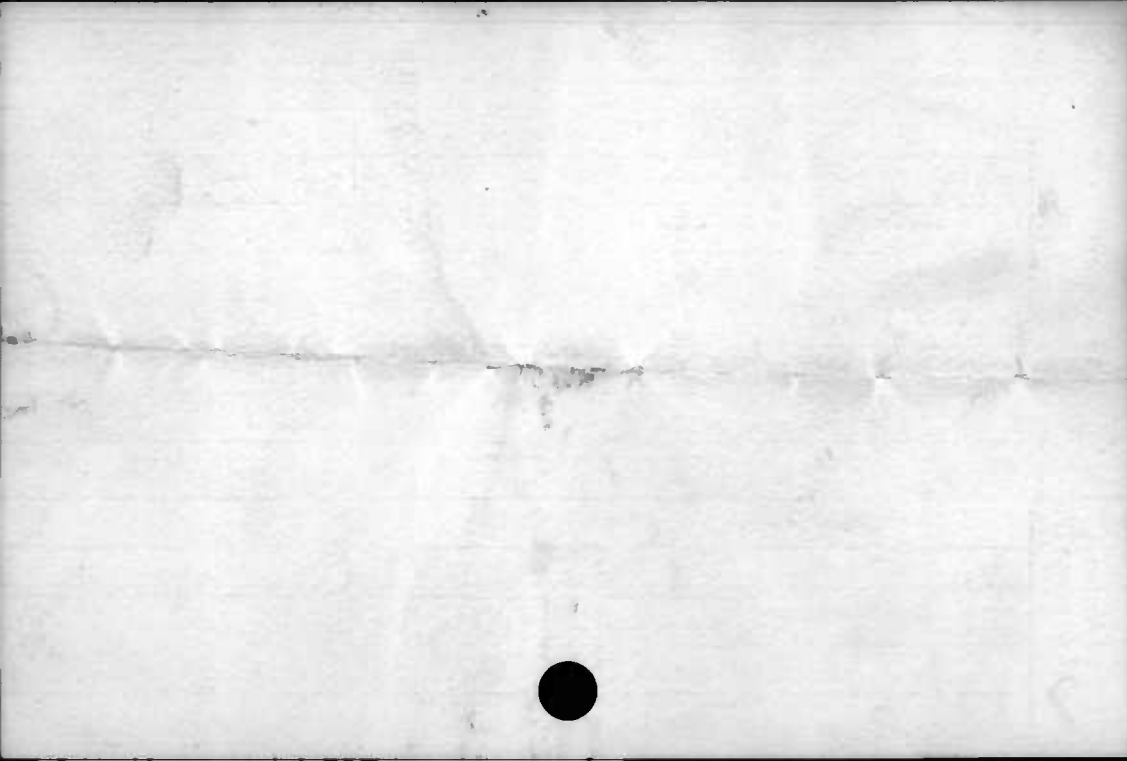
TO BE ANSWERED BY
NEAREST FRIEND

Margaret Ruby MacDonald		Town		County		MARYLAND	
Died at Ghindale		Prince George					
Date of death 1903	Month March	Day 6	Age 61	Years	Months	Days	
Sex Female	Color or Race White	Birth-place England					
Married, Single or Widowed	Married	Occupation Housewife					
Name of Wife or Husband		George MacDonald M.D.					
Father's Name		Daniel Rielly		Father's Birthplace		Ireland	
Mother's Maiden Name		Sarah Eleanor Bourne		Mother's Birthplace		England	
Name of person giving Information		Leah MacDonald M.D.		How related to deceased		Husband	

CAUSES OF DEATH

Primary	Uterine Polypus	How long	2 years
Immediate	Coma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Springfield Md.	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Eliza Marshall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died

Leland

P.H.

Date

Month

Day

Years

Months

Days

of death 190

3

Mar

5

Age

22

Sex

Female

Color or Race

Black

Birth-place

P.H. Co Md

Married, Single or Widowed

Married

Occupation

None

Name of Wife or Husband

George Marshall

Father's Name

James Green

Father's Birthplace

—

Mother's Maiden Name

—

Mother's Birthplace

—

Name of person giving In formation

Geo Marshall

How related to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

How long

Don't know

Immediate

Exhaustion saw her but once

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

L. A. Giffith

Address

1615 E. E. Moore

Accident or Suicide?

Md



Name in Full

Certificate of Death

Samuel Matthews

Town

County

Died at *Smuckers**Prince Geo.*

MARYLAND

Date *1903* *Mar 25* *19* *9* *Ind* *man*

Month Day Y. M. D. Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Samuel G. Matthews

Mother's

Name

Annette Matthews

Cause of

Primary

Bronch-pneumonia

How long sick

1 week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. F. Taylor 907

Address

Laurel 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence G. Painter

Died at ^{Town} Addison Chapel ^{County} P. Geo.

MARYLAND

Date 1903 ^{Month} Mar. ^{Day} 8 ^{Y.} ^{M.} ^{D.} ^{Native of} Pa. ^{Occupation} Housewife

~~Male~~ ^{White} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~

^{Female} ^{Colored} ^{Number of children living} 2

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

CERTIFICATE OF DEATH

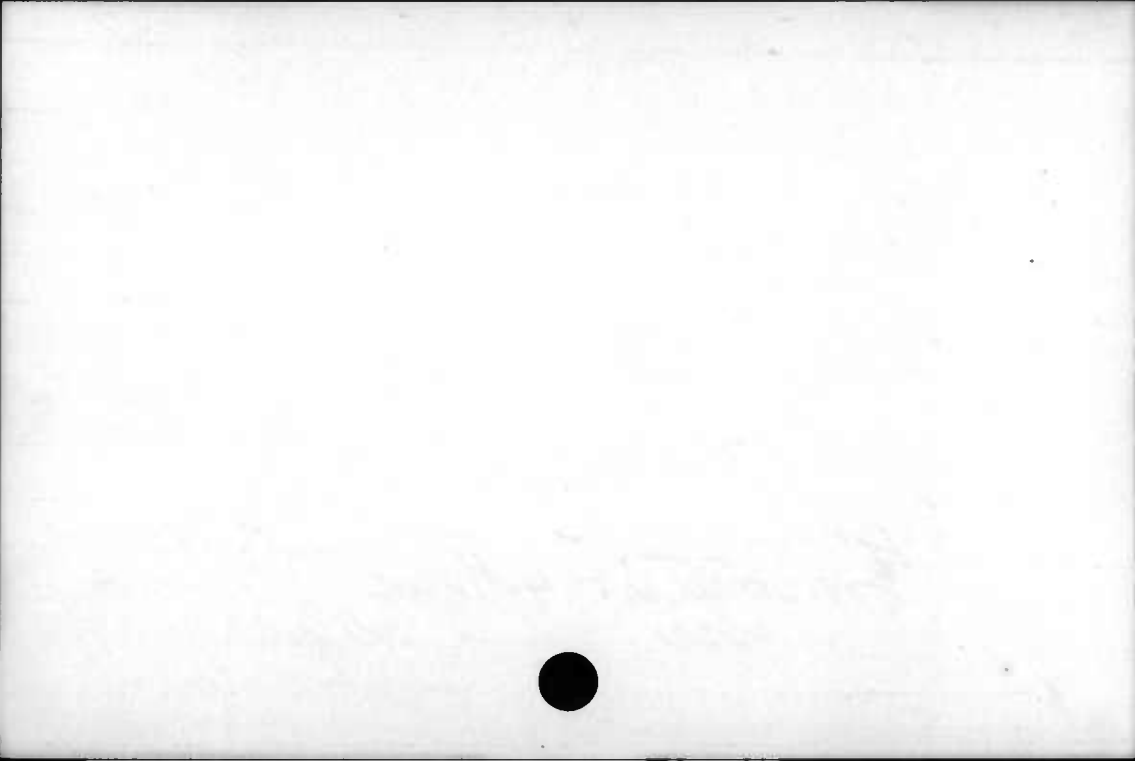
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret E. Perry</i>		Town <i>Marlboro</i>		County <i>Pr. Geo.</i>		MARYLAND	
Died at <i>Marlboro</i>		Date of death 1903 Month <i>3</i> Day <i>1</i>		Age Years <i>11</i> Months _____ Days _____			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Pr. Geo. Co. Md.</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Stephen Perry</i>				Father's Birthplace <i>Pr. Geo. Co.</i>			
Mother's Maiden Name <i>Hatcher</i>				Mother's Birthplace <i>Pr. Geo. Co.</i>			
Name of person giving information <i>Stephen Perry</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 wk</i>
Immediate <i>Don't know, dying when I saw it.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. A. Giffith</i>
	Address <i>Upper Marlboro Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Colchi Parvov

CERTIFICATE OF DEATH

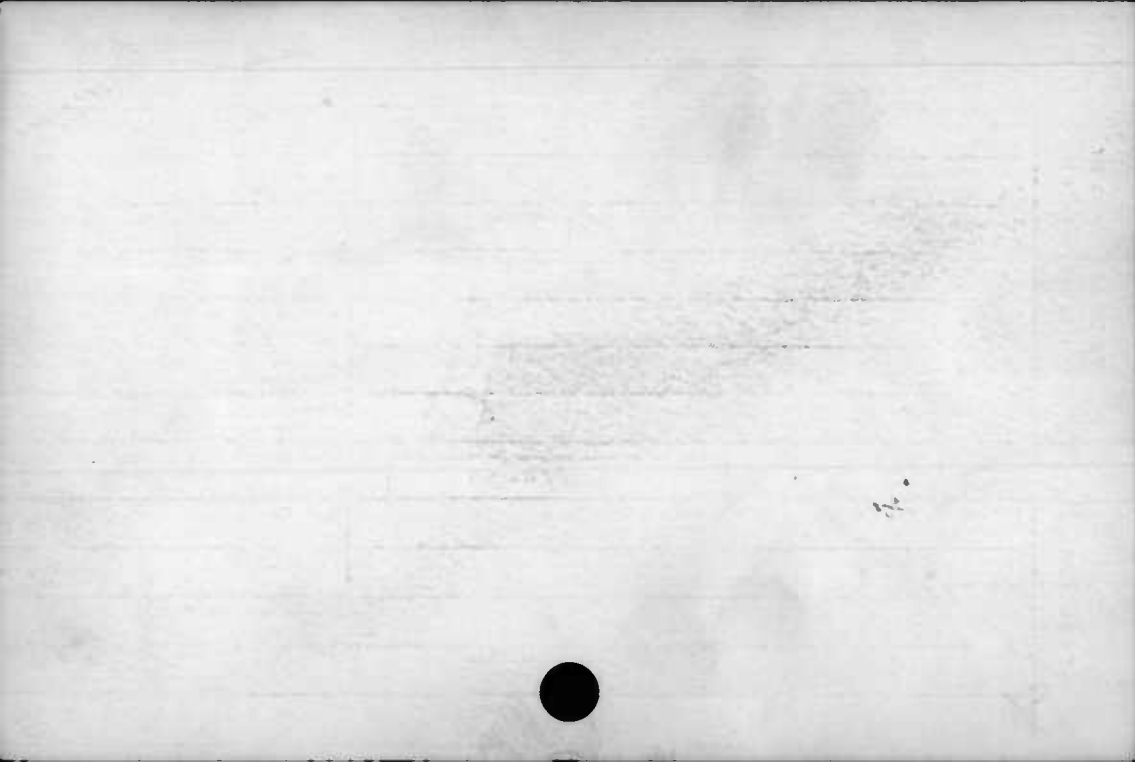
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seabrook</i>		Town <i>Prince George</i>		County <i>Prince George</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>24</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Prince George Co</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>House maid</i>				
Name of Wife or Husband							
Father's Name <i>Killian Parvov</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Beckie Stuart</i>				Mother's Birthplace <i>Prince George Co.</i>			
Name of person giving information <i>Frank Parvov</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Frank Parvov</i>	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

Joseph Randall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentwood</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>27</u>	Age <u>18</u> ^{Years}	Months <u>8</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth- place <u>Anne Arundel Co.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Laborer.</u>		
Name of Wife or Husband <u>beithen</u>					
Father's Name <u>Henry Randall</u>			Father's Birthplace <u>Calvert, Co.</u>		
Mother's Maiden Name <u>Isabella Hawkins</u>			Mother's Birthplace <u>Fork Paluxent</u>		
Name of person giving In formation <u>Henry Randall</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>4 weeks</u>
Immediate <u>Gonorrhea</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Richardson</u>
	Address <u>Hyattsville</u>
Accident or Suicide?	

45.00

7.00 Hearse

10.00 Embalming

6.00 Shroud

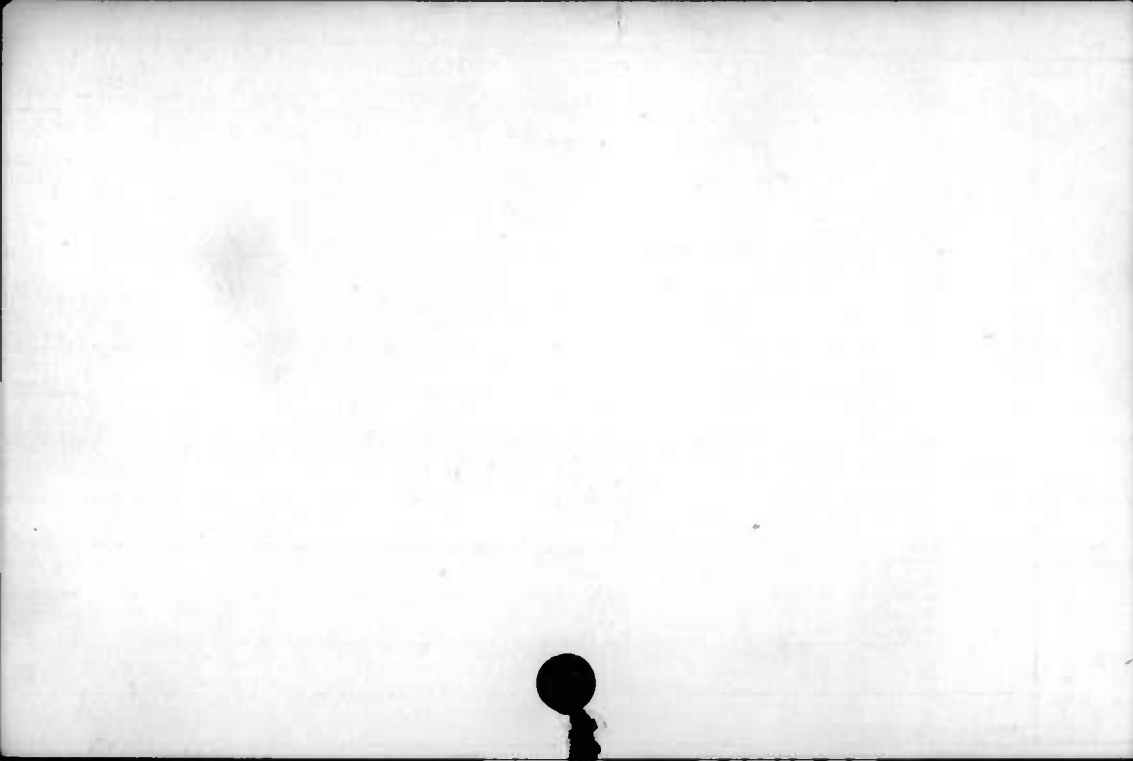
68.00

2 2 2 2

Marking box

8.00

Name in Full		William S Ryan				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND							
		Croome		Pr Georges										
		Date of death 190	2	Month	March	Day	17	Age	Years	64	Months		Days	
		Sex	Male		Color or Race	White		Birth-place	Croome md					
		Married, Single or Widowed	Married		Occupation									
		Name of Wife or Husband	Christiana Ryan											
		Father's Name	Nelson Ryan					Father's Birthplace	Princ Georges					
Mother's Maiden Name	Martha Ryan					Mother's Birthplace	" " "							
Name of person giving information	A. P. Ryan					How related to deceased	Son							
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary	Cardiac Dilatation					How long	one year					
		Immediate	failure					How long	few minutes					
		Are the name, age, sex, color, data and place correctly given above?	Yes					Signature of Physician	W. H. Gibbons					
								Address	Croome md					
		Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fort Forti</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death 1903	Month <i>3</i>	Day <i>2</i>	Age <i>22</i> Years	Months	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Alexandria, Va.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House-wife</i>				
Name of Wife or Husband <i>William H. Simmons</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>William H. Simmons</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. S. Hunt, M.D.</i>
	Address <i>Fincastle - Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Levelllyn Skinner

Town

County

MARYLAND

Died near Aquasco Prince Geo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 March 15 Age 22

Maryland Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband

of

Mittie Skinner

Wife

Father's

Name

James Skinner

Mother's

Maiden Name

Anholonia Jones

Cause of

Primary

neglected cold and
Kidney trouble

How long sick

13 days

Death

Immediate

uremia, convulsions;
Died Comatose.

Accident, Suicide, Homicide

Reported by

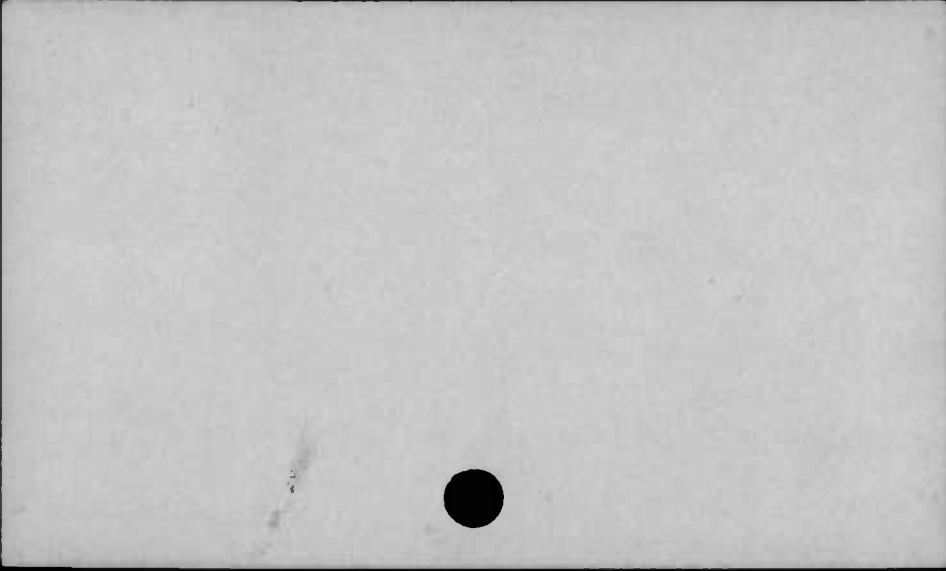
Wm A. Marbury M.D.

Address

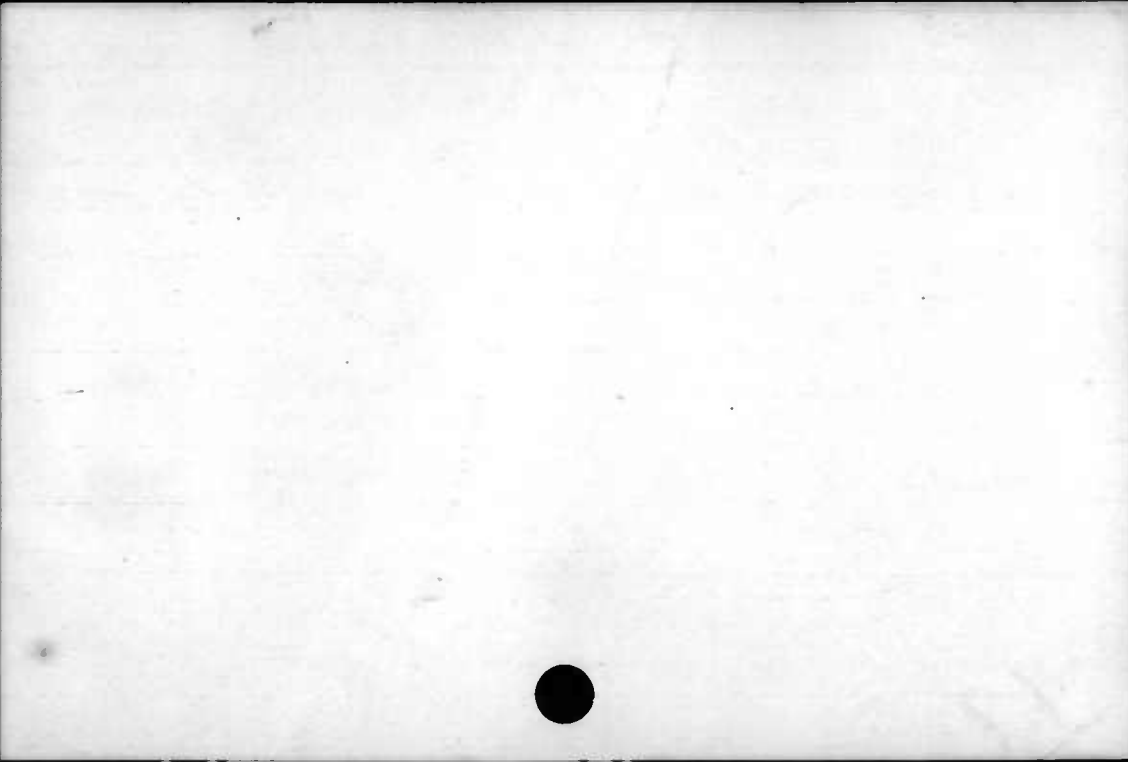
Aguasco, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70002



Name in Full		Martha Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Freindly</i>		Town <i>Pr. Geo</i>		County		MARYLAND
	Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>12</i>	Age <i>25</i>	Years	Months	Days
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Upper Marlboro Md</i>		
	Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>				
	Name of Wife or Husband <i>George Smith</i>						
	Father's Name <i>Thos. Ford</i>				Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Sophia Countee</i>				Mother's Birthplace <i>Md</i>		
	Name of person giving information <i>James Smith</i>				How related to deceased <i>brother-in-law</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>				How long <i>5 months</i>		
	Immediate <i>asthma</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>John A. Cor MD.</i>		
					Address <i>J.B.</i>		
	Accident or Suicide?				<i>Md</i>		



Eugene Ramond Suit

Town

County

Died at

Branchville

Perry County

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

March 30

Age

— 8. 8

Branchville

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Eugene B. Suit

Mother's
Name

Ida B. Norfolk

Cause of

Primary

Lung & ill nourished at birth

How long sick

all its life

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

M. D. Evergreen M. D.

Address

College Park

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

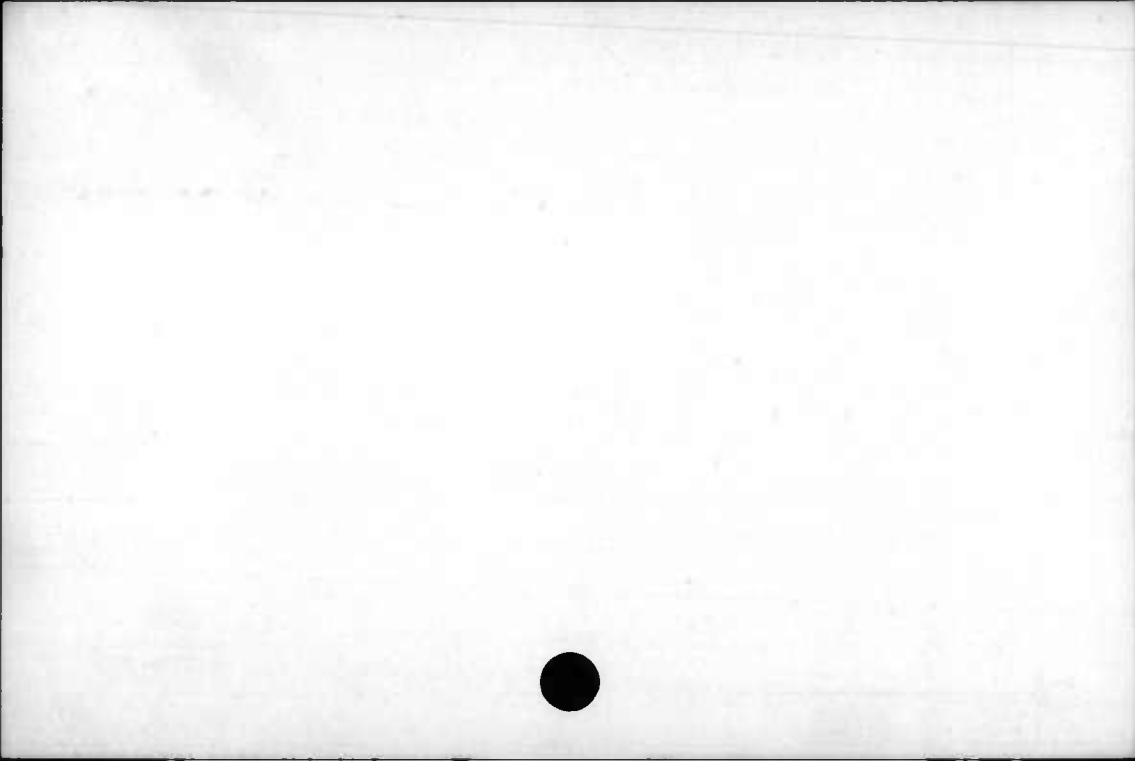
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wheeler</i>		Town <i>Sweeney</i>		County <i>Pr. & Geo.</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>3</i>		Day <i>1</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wheeler</i>		Months <i>4</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Richard Sweeney</i>				Father's Birthplace <i>Pr. Geo. Co</i>			
Mother's Maiden Name <i>J. Kidwell</i>				Mother's Birthplace <i>Pr. Geo. Co</i>			
Name of person giving information <i>Lellie Sweeney</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>		How long <i>From birth</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. A. Griffith</i>	
		Address <i>Upper Marlboro Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Paul A Thomas

CERTIFICATE OF DEATH

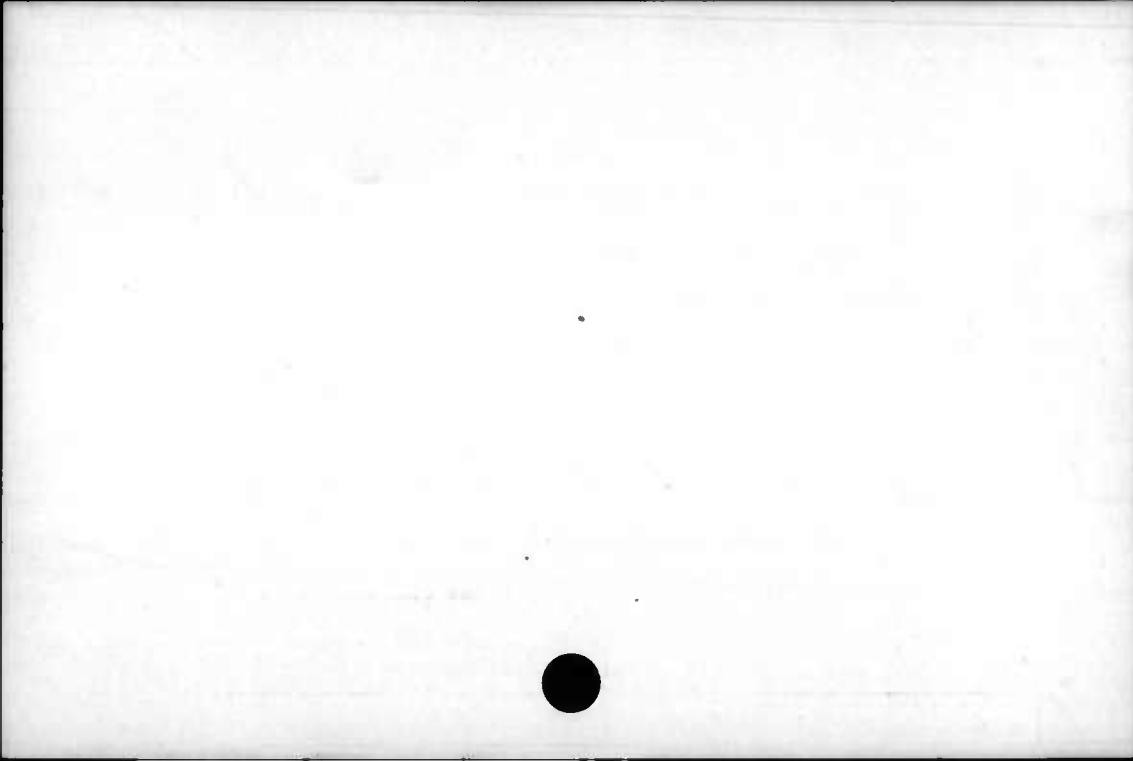
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bowie		County Prince Georges		MARYLAND	
Date of death 1903	Month March	Day 29	Age 1	Years	Months 6	Days	
Sex male		Color or Race colored		Birth- place Prince Geo Co Md			
Married, Single or Widowed single			Occupation _____				
Name of Wife or Husband _____							
Father's Name James Thomas				Father's Birthplace Maryland			
Mother's Maiden Name Elizabeth Thomas				Mother's Birthplace Maryland			
Name of person giving In formation Elizabeth Thomas				How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia		How long One Week	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician J. M. Davall		Address Springfield	
Accident or Suicide? _____			



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Honi Sharp.

Town

County

Columbia Park

P. George

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

903 Mar. 26

Age 4 9.

Va.

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living —

Husband of

Wife

Father's

Name

Mother's

Name

Deceased.

Mary Jones.

How long sick

Cause of Primary

Broncho-pneumonia

3 weeks

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. S. Savage M.D.

Address

Benning D.C.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lippitts</i> Town		<i>P. G.</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>March</i> Day <i>23</i> Age <i>64</i> Years	Months		Days		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single <i>or Widowed</i>		Occupation			
Name of Wife or Husband <i>William Lippitt</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>W. Lippitt</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>refractive</i>	How long <i>3 weeks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Weary</i>
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Sarah Emma Waters

Died at ^{Town} Brentwood ^{County of} Prince Georges' MARYLAND

Date 19 16 Mch | Age 64 10 10 | Native of Conn. | Occupation Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living four

Husband of David S. Waters

Wife

Father's Name John Smitten Mother's Name Sarah Emma Smitten

Maiden Name

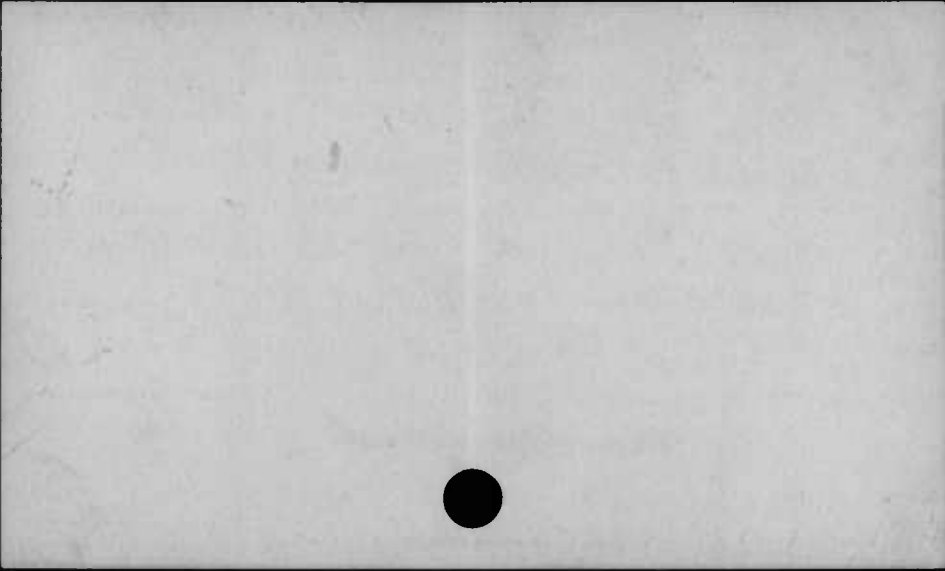
Cause of Death { Primary Disease of heart | How long sick About two months

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by John F. Keenan M.D.

Address 9 Brentwood Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Irene Wells

Town

County

Died at

Murriskin

Prince Geo.

MARYLAND

Date 1903 1803
 1903 Month Day Y. M. D. Native of Occupation
 1903 Mar 18 Age 17 Md H. work
~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living One

~~Husband~~

of

Wife

Ellie Wells

Father's

Name

Wm. Harris

Mother's

Name

Emma Harris

Cause of

Primary

Parturition

How long sick

Death

Immediate

Puerperal Eclampsia

~~Accident, Suicide, Homicide~~

Reported by

W. F. Taylor

138

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Marie Wilkes

CERTIFICATE OF DEATH

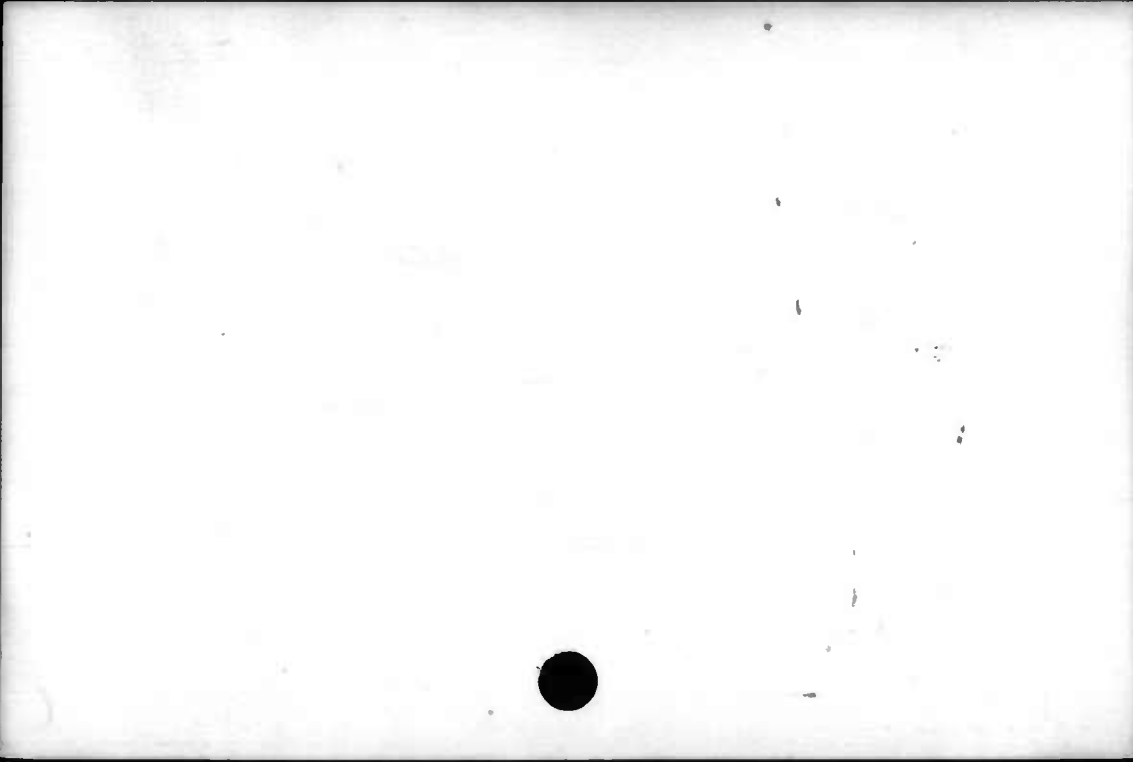
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rumayville		County P. H.		MARYLAND	
Date of death 190	Month March	Day 06	Age 90	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place P. H. Co. Md				
Married, Single or Widowed			Occupation None				
Name of Wife or Husband William Wilkes							
Father's Name Unknown				Father's Birthplace Md			
Mother's Maiden Name Unknown				Mother's Birthplace Md			
Name of person giving information Lawrence Wilkes				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154	How long	5 yrs
Immediate	Unknown				
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		John L. Brearley			
Address		Clinton			
Accident or Suicide?					



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank Woods.

Town

County

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

10 March 4

Age 43

—

U.S.

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

of

Mother's

Maiden Name

Primary

Immediate

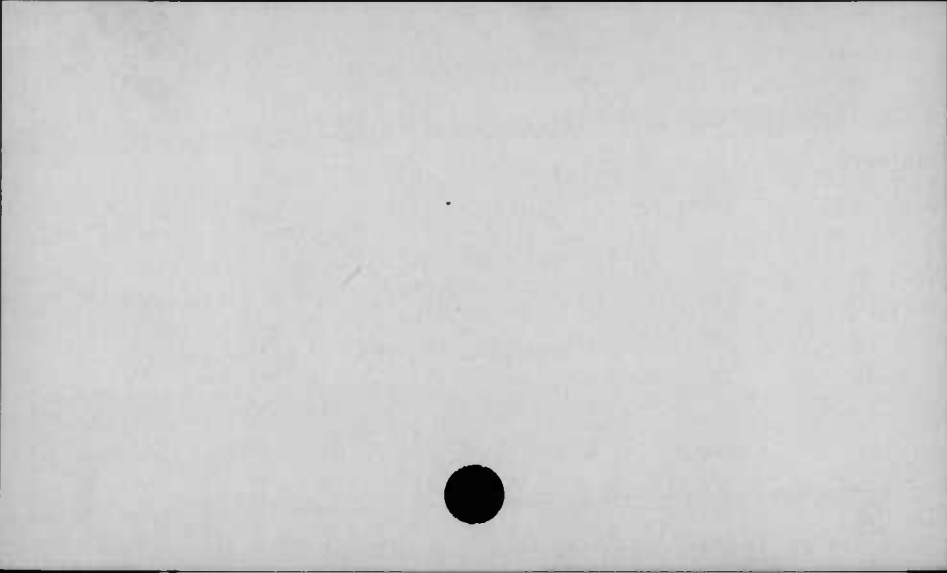
How long sick

3 mo

~~Accident, Suicide, Homicide~~

27

J. R. Smith
Laurel Md



Name in Full

Certificate of Death

Still Barn

Town

County

Died at

Mitchellville

Prince George

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Mar - 6

Age

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Mary Harrison Mid Wife

Address

Mitchellville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79004

